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FACSIMILE TRANSMISSION COVER SHEET

Date: October 27, 2004

To: United States Patent and Trademark Office
Examiner: Edgardo Ortiz; Art Unit: 2815

Fax: (703) 872-9306

Re: **Application Serial No.: 10/692,431**
Filing Date: 10/22/2003; First Named Inventor: Dieter Dornisch
Attorney Docket No.: 0150141

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 19

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated July 27, 2004 and a Replacement Sheet.
Thank you.

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1st PAGE OF
AMENDMENT IS
MISSING

Attorney Docket No.: 0150141

AMENDMENT COVER SHEETIN RE APPLICATION OF: Dornisch, et al.SERIAL NO.: 10/692,431 FILED: October 22, 2003FOR: High-k Dielectric Stack in a MIM Capacitor and Method for its FabricationHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

- ☐ TOTAL EXTENSION FEE \$ 0.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

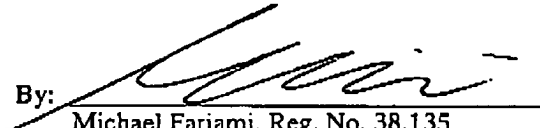
Attorney Docket No.: 0150141

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

10/27/04

By:

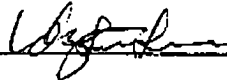

Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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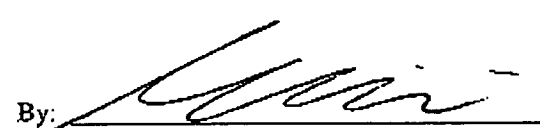
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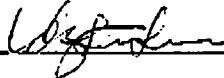

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